

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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DONALD HEIMSTAEDT, TODD KORTE, :
:
Plaintiffs, : 07 Civ. 9389 (JSR)
:
-v- :
:
PREM.AIR NEW YORK, LLC, PREM.AIR :
GROUP OF NEW YORK, LLC, PREM.AIR :
GROUP, LLC, MCQUAY NEW YORK, LLC, :
GEORGE KOUTSSOS, ERIC BERKOWITZ, :
MCQUAY NEW YORK PROFIT SHARING PLAN, :
AND XYZ TRUSTEES OF THE MCQUAY NEW :
YORK, LLC 401(k) PROFIT SHARING PLAN, :
:
Defendants. :
----- x

JED S. RAKOFF, U.S.D.J.

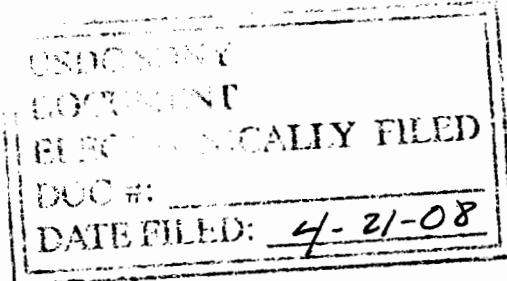
The Clerk is directed to remove from the Court's electronic filing system the document entitled "Exhibit 2 to Koutsos Affidavit," docketed as Attachment #6 to Docket Entry #23 for the above-captioned case, and to substitute the document attached to this Order.

SO ORDERED.

Dated: New York, NY
April 28, 2008



JED S. RAKOFF, U.S.D.J.



a Control number 000063 01/4FZ	Vard <input type="checkbox"/>	OMB No. 1545-0008 4FZ		300	000063			
b Employer identification number (EIN) 11-3484710			1 Wages, tips, other compensation 219523.41	2 Federal income tax withheld 54640.30				
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101			3 Social security wages 94200.00	4 Social security tax withheld 5840.40				
			5 Medicare wages and tips 230773.41	6 Medicare tax withheld 3346.21				
			7 Social security tips	8 Allocated tips				
d Employee's social security number [REDACTED]			9 Advance EIC payment	10 Dependent care benefits				
e Employee's first name and initial DONALD S HEIMSTAEDT 200 W 58TH ST #10D NEW YORK NY 10019			Suff.	11 Nonqualified plans	12a See instructions for box 12 D 11250.00			
				13 Statutory Employee <input type="checkbox"/>	12b Employee <input type="checkbox"/>			
				14 Other 41.50 SDI	12c Employee <input type="checkbox"/>			
					12d Employee <input type="checkbox"/>			
f Employer's address and ZIP code			15 State NY	16 State wages, tips, etc. 11-3484710 219523.41	17 State income tax 14190.57	18 Local wages, tips, etc. 219523.41	19 Local income tax 7906.32	20 Locality name NYC RES

W-2 Wage and Tax Statement
Form D—For Employer.

2006

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see back of Copy D.

a Control number 000069 01/4FZ	Vard <input type="checkbox"/>	OMB No. 1545-0008 4FZ		300	000069			
b Employer identification number (EIN) 11-3484710			1 Wages, tips, other compensation 21607.31	2 Federal income tax withheld 5974.90				
c Employer's name, address, and ZIP code MCQUAY NEW YORK LLC 43-24 21 STREET LONG ISLAND CITY NY 11101			3 Social security wages 21607.31	4 Social security tax withheld 1339.65				
			5 Medicare wages and tips 21607.31	6 Medicare tax withheld 313.31				
			7 Social security tips	8 Allocated tips				
d Employee's social security number [REDACTED]			9 Advance EIC payment	10 Dependent care benefits				
e Employee's first name and initial TODD MICHAEL KORTE 400 E 55TH ST #7G NEW YORK NY 10022			Suff.	11 Nonqualified plans	12a See instructions for box 12 Employee <input type="checkbox"/>			
				13 Statutory Employee <input type="checkbox"/>	12b Employee <input type="checkbox"/>			
				14 Other 3.90 SDI	12c Employee <input type="checkbox"/>			
					12d Employee <input type="checkbox"/>			
f Employer's address and ZIP code			15 State NY	16 State wages, tips, etc. 11-3484710 21607.31	17 State income tax 1524.14	18 Local wages, tips, etc. 21607.31	19 Local income tax 125.79	20 Locality name NYC RES

W-2 Wage and Tax Statement
Form D—For Employer.

2006

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